BEST AVAILABLE COPY

	PATENT A			N FEE DE Decemb			ON RECORD		2	9/487	ئ -رم	-s	
		CLA		FILED - olumn 1)	PA	RT I (Colu	mn 2)	SMAI TYP		NTITY	OR	OTHER SMALL	
FO	R		NUMBE	R FILED		NUMBER E	EXTRA	RATI	E	FEE	1 [RATE	FEE
ВА	SIC FEE							<u> </u>		345.00	OR		690.00
то	TAL CLAIMS		<i>344</i>	/ minus 2	20=	· 20	4	X\$ 9	=		OR	X\$18=	403
IND	EPENDENT CL	AIMS	8	minus :	3 =	• 5		X39:	=		OR	X78=	390
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT	p. 1.	~		+130	<u></u>		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									\L		OR	TOTAL	900 P
CLAIMS AS AMENDED - PART II									OTHER THAN				
			umn 1) AIMS			Column 2) HIGHEST	(Column 3)	SMAI		ENTITY	OR	SMALL	
ENT A		REM A	IAINING FTER NDMENT	,	PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•3	0	Minus	**	200	=	x\$ 9	Ŧ		OR	X\$18̄₹	
AME	Independent	کے *	2	Minus	**	\mathcal{O}	=	X39:	=		OR	X78=	
	FIRST PRESE	NIAII	ON OF MU	JUNPLE DEF	ENL	DENT CLAIM		+130	=		OR	+260=	
							i	TO ⁻ ADDIT. F			OR	TOTAL ADDIT. FEE	
			lumn 1)		(0	Column 2)	(Column 3)	10011.1	,				
ENT B		REN A	LAIMS MAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	*	20	Minus	**	244	= 17	X\$ 9	=	1532	ЮR	X\$18=	
AME	Independent FIRST PRESE	*	8	Minus	**	· 8	=	X39=	=		OR	X78=	
	FIRST PRESE	NIAII	ON OF MI	DETIPLE DEF	ENI	DENT CLAIM		+130	=		OR	+260=	
							L	TOT ADDIT. F		·	OR	TOTAL ADDIT. FEE	
			lumn 1)		((Column 2)	(Column 3)						
AMENDMENT C		REN A	LAIMS MAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent			Minus *			=	X39=			OR	X78=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									,		+260=	
	f the entry in colu							+130: TO1			OR	+260≅ TOTAL	
***	If the "Highest Nu If the "Highest Nu	mber P	reviously Pa	aid For" IN THI	S SP	ACE is less tha	ın 3, enter "3."	ODIT. F	EΕ			ADDIT. FEE	
	The "Highest Nun	nber Pre	eviously Pai	d For" (Total or	r Inde	ependent) is the	highest number fou	nd in the	e app	propriate box	x in col	umn 1.	

Application or Docket Number

This F m is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

		Total T.				
-		10(3) Fe	e Calculati	OU		
••	Fee Code	Total # Claims	Number Extra	(Fcc	Fcc	- Total
	Sm./Lg.			Sm. Entity	Lg. Entity	10(4)
Basic Filing Fee	201/101			- · · · · · •		108
Total Claims >20	203/103	20 =	224 x			* (H)
Independent Claims >3	202/102	8	•			4035
Mult. Dep Claim Present	204/104			•	18	390
Surcharge	205/105				24 =	
English Translation	_139				<u>130</u> =	130
TOTAL FEE CALCULA	TION					
	11014					5505
Fees due upon filing th	e application.					
						/
Total Filing Fees Due =	· \$	550	2			
ess Filian Ford Control	. •		_	٨		
ess Filing Fees Submit	ned - \$					
ALANCE DUE						

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)